

November 1, 2007

Montana Healthcare Programs Notice

All Provider Types

Enhanced Claims Editing — New Visit Evaluation and Management Codes

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services will implement enhanced claims editing to identify situations where correct procedure coding principles need to be improved. This change may affect any provider who bills for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes, specifically Evaluation and Management codes. It will not apply to:

- Federally Qualified Health Clinics
- Rural Health Clinics
- Freestanding Dialysis Clinics
- Ambulatory Surgical Centers
- Children's Special Health Services
- Home and Community Based Services
- Home Health
- Hospice
- Personal Assistance
- Hospital Outpatient
- Birthing Centers
- Indian Health Service providers

Enhanced editing will include identification of claims where the Evaluation and Management of a new patient is being billed and the claim history indicates that there has been a previous patient encounter.

According to the American Medical Association (AMA), a new patient is one who has not received any professional services from a physician, or another physician of the same specialty who belongs to the same group, within the past three years.

If the patient has received services from the same provider within the past three years, a new patient Evaluation and Management is not appropriate. The appropriate established patient code should be billed. This editing will be performed on a variety of New Visit Evaluation and Management codes including but not limited to:

- 99201-99205 OFFICE/OUTPATIENT VISIT, NEW
- 99381-99385 PREV VISIT, NEW, INFANT
- 92002-92004 EYE EXAM, NEW PATIENT
- 99324-99328 DOMICIL/R-HOME VISIT NEW PAT

For Emergency Department Evaluation and Management codes, no distinction is made between new and established patients.

Please consult your AMA guidance for complete information on appropriately billing new visit Evaluation and Management codes.

After December 1, 2007, Montana Medicaid will require that all established patients be billed with appropriate established patient Evaluation and Management codes. Established patients that are billed with new visit Evaluation and Management codes will be denied. The reason and remark code (N113) will specify that only one initial visit is covered per physician, group practice or provider.

Coming Soon

Watch for provider notices related to other enhanced editing changes including:

- Use of Multiple Evaluation and Management Codes on a Single Day of Service
- National Correct Coding Initiative (CCI) Editing
- Enhanced Global Surgery Editing
- Enhanced Assistant at Surgery, Co-Surgery, and Team Surgery Editing

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

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